PART B - FEE(S) TRANSMITTAL

Complete and send this form, together was applicable fee(s), to: Mail Mail Stop ISSU FEE

Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications. | form should be used correspondence includi- ed below or directed of tions. | for transmitting the ISSI ng the Patent, advance o herwise in Block I, by (| UE FEE and PUBLICAT rders and notification of r a) specifying a new corres | ION FEE (if requ maintenance fees v spondence address | ired). B will be n ; and/or | locks 1 through 5 sh nailed to the current (b) indicating a sepa | nould be completed where correspondence address as rate "FEE ADDRESS" for | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|--|
| | | lock 1 for any change of address) | | | | | A | |
| | | | | | | | | |
| 23122 | 7590 11/14 | 1/2008 | | | | | | |
| RATNERPRESTIA | | | • | | | | | |
| P.O. BOX 980 | | | : | | | | | |
| VALLEY FOR | GE, PA 19482 | | * ** * | | | | • | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| APPLICATION NO. | APPLICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. | |
| 10/528,307 03/17/2005 | | Hiroaki Ozeki | | MAT-8654US | | 6466 | | |
| TITLE OF INVENTION | I: DIGITAL BROADCA | TUS | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | | \$1825.00 | 02/17/2009 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | | |
| NGUYEN, DUC M 2618 | | | 455-296000 | • | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list | | | | | | | | |
| | ondence address (or Cha B/122) attached. | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | | |
| Tree Address" ind | iontion (or "For Address | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | | |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or type | oe) | | · | | |
| | | | | | ee is ide | entified below, the do | cument has been filed for | |
| (A) NAME OF ASSI | GNEE | | | B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | |
| Panasonio | Corporation | | Osaka, JP | | | | | |
| | | | • | | | | | |
| Please check the appropr | iate assignee category or | categories (will not be pr | rinted on the patent) : | Individual 🗷 Co | orporatio | n or other private gro | up entity Government | |
| 4a. The following fee(s) | are submitted: | 4) | Payment of Fee(s): (Plea | sa first reconst. | | | | |
| ☑ Issue Fee | · · · · · · · · · · · · · · · · · · · | • | Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. | | | | | |
| Publication Fee (N | lo small entity discount p | A Payment by credit card. | | | | | | |
| Advance Order - | # of Copies | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 180350 | | | | | | |
| 5. Change in Entity Sta | tue (from atotus indicate | d days | overpayment, to Depo | sit Account Numb | er <u>18()</u> | 350 | | |
| | s SMALLENTITY statu | | Dh. Annligant is no lan- | man alainsin - CNAA | (T PNIT | ITY | D 1 257 () (2) | |
| | | | b. Applicant is no long | be applicant: a rag | etered at | 11 Y status. See 37 CF | R 1.27(g)(2). | |
| interest as shown by the | records of the United Sta | tes Patent and Trademark | Office. | ne applicant, a regi | isicieu ai | torney or agent; or the | e assignee or other party in | |
| Authorized Signature | Den ! | Cla | | Date | Dec | ember 23 , 20 | 008 | |
| Typed or printed nam | ^e Lawrence F | . Ashery | | Registration N | | | | |
| This collection of informan application Confiden | ation is required by 37 C tiality is governed by 35 | CFR 1.311. The information U.S.C. 122 and 37 CFR | on is required to obtain or r | | | | by the USPTO to process) | |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.